

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hakan Urey  
Filed : August 5, 1999  
For : Scanned Display with Switched Feeds and Distortion Correction



Docket No. : MVIS 98-28

Box Patent Application  
Assistant Commissioner for Patents  
Washington, DC 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Sir:

I hereby certify that the enclosures listed below are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No. EL440420280US , on August 5, 1999, addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Respectfully submitted,

Microvision, Inc

  
\_\_\_\_\_  
Jennifer M. Wilson

CTT:jw

Enclosures:

Postcard  
Check (\$552)  
Transmittal and Fee Calculation Sheet (+ copy)  
Specification, 26 Claims, Abstract (1-54 pages)  
38 Sheets of Drawings (Figures 1-42)  
Declaration and Power of Attorney  
Verified Statement of Small Entity Status  
Form PTO-1595 Assignment Recordation Cover Sheet and Assignment

66/05/99  
1c690 U.S. PTO

Microvision, Inc.  
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A

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Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**NEW UTILITY PATENT APPLICATION TRANSMITTAL  
AND FEE TRANSMITTAL**

Inventor: Hakan Urey

For: Scanned Display with Switched Feeds and Distortion Correction

1c584 U.S. PTO  
09/369676  
08/05/99

**APPLICATION ELEMENTS AND ACCOMPANYING PARTS**

- ☒ U.S. Utility Patent Application: Specification, 26 Claims, Abstract ( 54 pages).  
☒ 38 Sheets of Drawings (Figs. 1-42).  
☒ A Declaration and Power of Attorney.  
☒ A Verified Statement of Small Entity Status.  
☒ An assignment of patent application to Microvision, Inc., a corporation of the State of Washington.  
☐ A Preliminary Amendment.  
☐ An Information Disclosure Statement, Form PTO-1449, and Copies of Citations.  
☐ Filed without formal signature documents or fee.

**SMALL ENTITY FEE CALCULATION**

Utility Filing Fee \$380

Claims:

	No. Filed			Extra		Surcharge		
Total Claims	26	-20	=	6	x	\$9	=	\$54
Independent Claims	5	-3	=	2	x	\$39	=	\$78
Multiple Dependent Claims	0			0		\$130		\$0
Assignment Recordation	1			0		\$40		\$40

**Total Fee Enclosed** \$552

**METHOD OF PAYMENT**

☒ Payment enclosed ☒ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to

- ☐ Charge indicated fees and credit any over payments to Deposit Account No. \_\_\_\_\_  
☒ Charge any additional fees required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 500284.

Submitted by:

Clarence T. Tegreene  
Reg. No. 37,951

8/5/99  
Date